

REASON FOR DELAY OF IFSP

County Name: _____

Cluster Number: _____

Child's Name: _____ Birthdate: _____

Referral Date: _____ IFSP Due Date: _____

Date IFSP held: _____ # of days from referral to IFSP: _____

Reason for delay: (check all that apply)

Family _____

Intake/SPOE _____

PT____ OT____ ST____ DT____ Other (specify type) _____

Doctor _____

Detailed Explanation: (add pages if necessary)

Intake Coordinator Signature: _____ Date: _____

Family Member Signature: _____ Date: _____

This form is to be placed in every file that has gone over the 45-day time limit.

Federal Regulations requiring the 45-day timeline:

303.321(e) Timelines for public agencies to act on referrals. (2) Within 45 days after it receives a referral, the public agency shall-

(i) Complete the evaluation and assessment activities in 303.322; and

(ii) Hold an IFSP meeting, in accordance with 303.342.

303.342 (a) Meeting to develop initial IFSP timelines. For a child who has been evaluated for the first time and determined to be eligible, a meeting to develop the initial IFSP must be conducted within the 45-day time period in 303.321(e).
